# Program Files Checklist Center

Facility Name _____ Employee: _____ DOE: _____

**The following items must be included in program files. Forms are available online at [www.ncchildcare.ncdhhs.gov](www.ncchildcare.ncdhhs.gov)**

| Item | Due Date | Date Received/ Completed |
|---|---|---|
| ❑ Emergency Preparedness and Response Plan | Within four months of completing the training | |
| ❑ Emergency Telephone Numbers **(posted)** | Prior to license | |
| ❑ Building Inspection | Prior to license | |
| ❑ Sanitation Inspection | Prior to license | |
| ❑ Fire Inspection | Prior to license | |
| ❑ Pool Inspection (if applicable) | Prior to license | |
| ❑ Emergency Medical Care Plan | Day 1 | |
| ❑ Safe Pick-Up and Delivery Procedures | Day 1 | |
| ❑ Menu **(posted)** | 1 week prior to meal or snack served | |
| ❑ Allergy/ Special Diet Listing **(posted)** | Day 1/ As occurs | |
| ❑ Incident Log | As occurs | |
| ❑ Emergency Drill Log | Fire Drill: Monthly Shelter-in Place or Lock Down-Drill: Quarterly | |
| ❑ Fire Evacuation Procedures | Day 1 | |
| ❑ Written Plan for Evacuation (Centers that do not meet institutional building code) | Day 1 | |
| ❑ Playground Inspection (must be on DCDEE form) | Monthly | |
| ❑ Daily Schedule **(posted)** | Current | |
| ❑ Activity Plan (stimulate 5 developmental domains) | Current | |
| ❑ Daily Attendance Records | Day 1 | |
| ❑ Arrival/ Departure Time Record | Day 1 | |
| ❑ Schedule of Off-Premise Activities | Prior to off-premise activity | |
| ❑ Aquatic Policy | Prior to activity | |
| ❑ Safe Sleep Policy **(posted)** | Day 1/As occurs | |
| ❑ List of Names and Identifying Information of Children Transported | Prior to off-premise activity | |
| ❑ First Aid Information Sheet **(posted)** | Day 1 | |

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|---|---|---|
| ❑ Operational Policies | Day 1 | |
| ❑ Screen Time Log | Day 1/ As occurs | |
| ❑ Discipline Policy | Day 1 | |
| ❑ Summary of Law **(posted)** | Day 1 | |
| ❑ Prevention of Shaken Baby Syndrome and Abusive Head Trauma | Day 1 | |
| ❑ Classroom Staff/Child Ratio Sheet **(posted)** | Day 1 | |
| ❑ Manufacturer's Instructions for Equipment and Furnishings | Day 1 | |
| ❑ Documentation of Emergency Situations that Necessitated a lack of direct Supervision | As Occurs | |